

REQUEST FOR INFORMATION NEEDED TO LOCATE MEDICAL RECORDS

We need additional information in order to service your request. Please return this form and your original request.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

AUTHORITY FOR COLLECTION OF THE INFORMATION IS 44 U.S.C.2907 AND 3103, AND 9397, OF NOVEMBER 22, 1943. DISCLOSURE OF THE INFORMATION IS VOLUNTARY. THE PRINCIPAL PURPOSE OF THE INFORMATION IS TO ASSIST THE NATIONAL PERSONNEL RECORDS CENTER IN LOCATING AND VERIFYING THE CORRECTNESS OF THE REQUESTED RECORDS OR INFORMATION TO ANSWER YOUR INQUIRY. ROUTINE USES OF THE INFORMATION AS ESTABLISHED AND PUBLISHED IN ACCORDANCE WITH 5 U.S.C. 552A (E)(4)(D) INCLUDE THE TRANSFER OF RELEVANT INFORMATION TO APPROPRIATE FEDERAL, STATE, LOCAL OR FOREIGN AGENCIES FOR USE IN CIVIL CRIMINAL OR REGULATORY INVESTIGATIONS OR PROSECUTION. IN ADDITION THIS FORM WILL BE FILED WITH THE APPROPRIATE MILITARY OR CIVILIAN RECORDS AND MAYBE TRANSFERRED ALONG WITH THE RECORD TO ANOTHER AGENCY IN ACCORDANCE WITH THE ROUTINE USES ESTABLISHED BY THE AGENCY WHICH MAINTAINS THE RECORD. IF THE REQUESTED INFORMATION IS NOT PROVIDED, IT MAY NOT BE POSSIBLE TO SERVICE YOUR INQUIRY.

NAME OF PATIENT (please print)	SOCIAL SECURITY NO./SERVICE NO.	DATE
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STATUS OF PATIENT AT TIME OF TREATMENT: (Check one. Furnish information requested in space provided,)

MILITARY

Branch of Service _____
Service Number _____

DEPENDENT OF MILITARY

Sponsor's name _____
Sponsor's service number _____
Sponsor's social security number _____
Branch of service _____

FEDERAL EMPLOYEE

Date of birth _____
Social security number _____
Federal employment separation date _____

DEPENDENT OF FEDERAL EMPLOYEE

Federal employee's name _____
Federal employee's date of birth _____
Federal employee's social security number _____

OTHER (Specify)

SIGNATURE (patient, parent, or legal guardian)

IMPORTANT: List all dates and places of treatment, especially the last date and place of treatment.

NATURE OF ILLNESS, OR TREATMENT	TREATMENT DATES From (Mo/Yr) to (Mo/Yr)	OUT- patient	IN patient	NAME, NUMERICAL DESIGNATION, AND LOCATION OF HOSPITAL, DISPENSARY, OR MEDICAL FACILITY

TO PROVIDE THE INFORMATION REQUESTED, WE MUST HAVE A SIGNED RELEASE FROM THE PERSON WHOSE RECORDS ARE INVOLVED. IN THE CASE OF A MINOR DEPENDENT, THE PARENT OR LEGAL GUARDIAN MUST SIGN THE RELEASE. IF THE PERSON IS DECEASED OR MENTALLY INCOMPETENT, THE NEXT OF KIN OR LEGAL REPRESENTATIVE MUST SIGN. (The legal representative, guardian, or next of kin should furnish a copy of the court appointment or court order proving incapacity. For purpose of release authorization, the next of kin is defined as any of the following: unremarried widow or widower, son or daughter; father or mother, brother or sister.)

RETURN TO: NATIONAL PERSONNEL RECORDS CENTER Military Personnel Records 9700 Page Boulevard St. Louis, MO 63132 NAVY HOSPITALS Civilian Personnel Records 111 Winnebago Street St. Louis, MO 63118 ARMY & AIR FORCE HOSPITALS NCP
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